Rcconstitution of the ITDC Board

4263. SHRI T. R. BALU: Will the Minister of CIVIL AVIATION AND' TOURISM be pleased to state:

(a) whether there is permanent and full tims Managing Director for Indian Tourism Development Corporation;

(b) when Government constituted the ITDC Board last, and who are the members of the Board; and

(c) whether there is any proposal to reconstitute the Board, if not, what are the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRI SHIVRAJ PATIL): (a) An offer of appointment has been sent to an officer who has been selected as Chairman-cum-Managing Director of ITDC.

(b) The Board of Directors of ITDC was constituted laat on 7-10-85 for a period of two yearn. Presently the Board has the following official Directors:—

(1) Shri B. K. Goswami—Director General (Tourism) and ex-officio Addl. Secretary to the Government of India

(2) Shri S. Krishnamurty Financial Advisor, Ministry of C.A. & Tourism.

(c) Yes, Sir.

Brain fever in Tamil Nadu

4264. SHRI V. GOPALSAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any case of brain fever was reprerted in Tamil Nadu during 1986-87 and 1987-88; and

(b) if so, what are the details thereof and the steps taken to contain this disease in Tamil Nadu?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) According to the reports received from the Government of Tamil Nadu, the number of cases and deaths due to Japanese Encephalitis (Brain fever) during 1986, 1987 and 1988 (upto 16-8-1988) are as under:—

. Year	*Cases* (figures	*Deaths* provisional)
1986	851	432
1987	581	296
1988	49	28

The following preventive measures arc being undertaken to control Japanese Encephalitis:

(i) weekly fogging/ultra low volume spray with Malathion for at least 4 weeks.

(ii) Intepsification of antilarval operation in affected areas.

(iii) weekly pyrethrum space spray for at least 4 weeks in areas, where residual spary is not feasible.

(iv) Indoor residual spraying with Benzone Hexachloride in an area of 2-3 kms. around a case of Japanese Encephalitis.

(v) Extension of health education through publicity with the help of different media and ensuring community participation in control and prevention.

Self sufficiency in the production of vaccines

4265. PROF. C. LAKSHMANNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 1677 given Rajya Sabha on the 11th May, 198 state:

(a) whether his Ministry had asce
ed the reasons from the Department of Chemicals for not including drugs for expanded programme on Immunization under category I;

(b) whether it is a fact that such drugs have recorded an increase in price upto 250 per cent;

(c) whether it is also a fact that production of such drugs enjoy a situation of obligation and the reasons recorded by Kelkar Committee are neither justified nor based on facts;

(d) steps being taken to get these drugs included in category I; and

(e) the names of producers of each of these drugs, their installed capacity and production during last three years year-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (d) The vaccines required for E.P.I were recommended for price control by the Ministry of Health and Family Welfare to Department of Chemicals and Petrochemicals and the recommendation has been reiterated and the matter taken up with them. The increase in price of drugs and formulations is monitored by the Ministry of Industry.

(e) Names of producers, installed capacity and production of drugs and vaccine is monitored by the Ministry of Industry.

Omission of drugs from the list for treatment of Trachoma

4266. SHRI . DAYANAND SAHAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 1910 given in the Rajya Sablia on the 11th May, 1988 and state.

(a) what are the reasons for omiting Chloramphenicol Neomycin, Sulphate Polymixin-B-Sulphate, Framycetin Sulphate Dexamethasone, Betamethasone, Flucinolone etc. from the list of drugs required for Trachoma and Control of Blindness;

(b) whether it is a fact that usage of these drugs is 100 times more than the usage of Tetracycline and Hydrocortisone for the same purpose;

(c) whether it is a fact that Tetracycline eye preparations and Hydrocortisone preparations account for a total sale of Rs, 3 lakhs in the country where as the sale of Framycetin and Polymixin alone is over Rs. 3 crores;

(d) what are the names of the officers and technical experts who recommended inclusion of Tetracycline and Hydrocortisone in the list at the cost of other drugs; and

(e) whether it is a fact that Tetracycline drops do not exist in the form of drops whereas most of the excluded drugs exist in this form?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ KHAPARDE): (a) For Trachoma and Control of Blindness commonly used effective drugs have been selected.

(b) and (c) No, Sir. These drugs are used for a number of other eye conditions also which have no direct relevance to Trachoma and other schemes under the National Programme for Control of Blindness. The sale of different drugs is not being monitored under the National Programme for Control of Blindness.

(d) The experts from Directorate General of Health Service made these recommendations on consideration of commonly used effective drugs,

(e) Yes. Sir.

Drugs purchased for blindness control programme

4267. DR. (SHRIMATI) SAROJINI MAHISHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stat

what is the quantity of various drugs purchased for Trachoma and blindness control programme during the last three years; year-wise,

(b) whether it is a fact that Tetracyc- intment and Hydrocortisone eye preparations are rarely used on account of their irritating character to the eye;

(c) whether it is a fact that in most of the cases instead of eye ointment, drops are used;